



UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE
 United States Patent and Trademark Office
 Address: COMMISSIONER FOR PATENTS
 P.O. Box 1450
 Alexandria, Virginia 22313-1450
 www.uspto.gov



CONFIRMATION NO. 6621

Bib Data Sheet

| | | | | |
|------------------------------------|---|---------------------|-------------------------------|--|
| SERIAL NUMBER 10/573,161 | FILING OR 371(c) DATE 03/01/2007 RULE | CLASS 514 | GROUP ART UNIT 1656 | ATTORNEY DOCKET NO. 288459US0X PCT |
|------------------------------------|---|---------------------|-------------------------------|--|

APPLICANTS

Fabrice Agou, Paris, FRANCE;
 Gilles Courtois, Paris, FRANCE;
 Alain Israel, Paris, FRANCE;
 Michel Veron, Paris, FRANCE;
 Francois Traincard, Issy-Les-Moulineaux, FRANCE;
 Shoji Yamaoka, Paris, FRANCE;
 Yves-Marie Coic, Meudon, FRANCE;
 Francoise Baleux, Paris, FRANCE;

** CONTINUING DATA *****

This application is a 371 of PCT/IB04/03352 09/24/2004
 which claims benefit of 60/505,161 09/24/2003
 and claims benefit of 60/530,418 12/18/2003 *
 (*)Data provided by applicant is not consistent with PTO records.

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 06/23/2008

| | | | | |
|--|-----------------------------------|----------------------------|---------------------------|--------------------------------|
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no | STATE OR COUNTRY FRANCE | SHEETS DRAWING 8 | TOTAL CLAIMS 56 | INDEPENDENT CLAIMS 4 |
| 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance | | | | |
| Verified and Acknowledged | Examiner's Signature | Initials | | |

ADDRESS

22850

TITLE

SELECTIVE INHIBITION OF NF-KAPPAB ACTIVATION BY PEPTIDES DESIGNED TO DISRUPT NEMO OLIGOMERIZATION

| | | |
|------------------------------------|---|---|
| FILING FEE RECEIVED 3640 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit |
|------------------------------------|---|---|